

PUBLIC VOUCHER FOR PURCHASES  
SERVICES OTHER THAN PERSONAL

D. O. Vou. No. \_\_\_\_\_

Bu. Vou. No. 2150

U. S. COST REIMBURSABLE

(Department, bureau, or establishment)

Voucher prepared at

(Give place and date)

THE UNITED STATES, Dr.,

Payee's Account No. \_\_\_\_\_

To

(Payee)

PAID BY

Encl # 3

DP5-2662  
COPY 1 OF 2

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) Discount Terms	QUANTITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Cost				(26,482.89)	
PAYMENT:							
Complete <input type="checkbox"/>							
Partial <input type="checkbox"/>							
Final <input type="checkbox"/>							
		Use continuation sheet(s) if necessary					

Shipped from \_\_\_\_\_ to \_\_\_\_\_ Weight \_\_\_\_\_ Government B/L No. \_\_\_\_\_ Total (26,482.89)

I certify that the above bill is correct and just and that payment has not been received.

STATOTHR

(Sign original only)

Date 7/23/58

\*Payee

certificate not required when a like certificate is made by payee on attached bill or bills)

Per

Title

Amount verified; correct for

(Signature or initials) *EE*

Contract No. A-101 Date \_\_\_\_\_ Req. No. \_\_\_\_\_ Date \_\_\_\_\_ Invoice Rec'd. \_\_\_\_\_

Pursuant to authority vested in me, I certify that this account is correct and proper for payment.

† Approved for \$ \_\_\_\_\_

† \_\_\_\_\_  
(Authorized Certifying Officer)

By \_\_\_\_\_

SIGN  
ORIGINAL  
ONLY

Title \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

Paid by { Check No. \_\_\_\_\_ dated \_\_\_\_\_, 19\_\_\_\_, for \$ \_\_\_\_\_ (on Treasurer of the United States in favor of payee named above.)  
Cash, \$ \_\_\_\_\_, on \_\_\_\_\_, 19\_\_\_\_. Payee \_\_\_\_\_ (Sign original only)

\* When a voucher is signed or receipted in the name of a company or corporation, the name of the person writing the company or corporate name must be written in the space provided for signature. Example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.  
† If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign on the line below "Approved for \$ \_\_\_\_\_", and over his official title.

Per

Title

STATOTHR

Approved For Release 2002/06/10 : CIA-RDP64-00360R000600020035-6

Approved For Release 2002/06/10 : CIA-RDP64-00360R000600020035-6

Bureau Voucher for Purchases and  
Services Other Than Personal

MEMORANDUM

## CONTINUATION SHEET

U. S. COST REIMBURSABLE

(Department, bureau, or establishment)

Sheet No. 21 of Bureau Voucher No. 2150

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	QUAN- TITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		<u>Other Costs</u>					
		JV 028019				(1,853.55)	
		028060				98.85	
		028608				(87.63)	
		028609				(33.89)	
		038019				(2,058.92)	
		038060				13.72	
		048019				(4,231.48)	
		048060				86.92	
		058008				(104.80)	
		058060				51.24	
		058061				(74.86)	
		058608				(909.37)	
		058613				4.07	
		058661				(649.63)	
		068008				(2,452.50)	
		068060				14.63	
		068061				(1,751.78)	
		068015				4.20	
		068619				(14,842.91)	
						<u>\$(28,777.69)</u>	

FORM STL - 660

WEEKLY DET DISTR      DATE

3/16/58

[illegible]

5/18/58

[illegible]

Continued to Sheet # 7

## ACCOUNTS PAYABLE

WEEKLY DET DISTR

DATE \_\_\_\_\_

5/18/58

FORM STL - 660

[illegible]

Approved For Release 2002/06/10 : CIA-RDP64-00660R000600020035-6

5/25/58

[illegible]

Sheet #51

6/29/58

[illegible]

Approved For Release 2002/06/10 : CIA-RDP64-00360R000600020035-6



Sheet # 6

7/06/58

[illegible]

7/13/58 .

BATCH				INVOICE NUMBER	PURCHASE ORDER	CHECK NUMBER	PAYMENT DATE		Vendor Number	GROSS AMOUNT	DISCOUNT	TR. CLASS	Cost Element	TR. CODE	COST CENTER			CHARGE DISTRIBUTION				NET AMOUNT
No.	Mo.	Day	Yr.				Mo.	Day							Maj.	Inl.	Sub.	Account	M.I.O.	S.D.	Work Order	
03				29		8677	03	52	352			7	55		25	40	22	12501	5041	15		893
																						893 *
																						893 **
																						893 ***
																						Sheet #1
																						24.43
																						Sheet #2
																						<720.00
																						Sheet #3
																						600.00
																						Sheet #4
																						5.35-
																						Sheet #5
																						120.13
																						Sheet #6
																						75.23
																						Total
																						114.07